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ABSTRACT

This final report describes activities and accomplishments of the Indiana Deaf-Blind Services Project, a 4-year federally funded project to enhance and further develop coordinated direct services to children and youth, birth through 2 and ages 18 through 21. The project also was designed to provide technical assistance to public and private agencies serving children with deaf blindness and their families. The study identified and tracked 207 children and youth with deaf-blindness through community agency and public school programs. Inservice training workshops on such topics as communication, functional curriculum, integration, and Usher Syndrome were conducted. Over 800 items were entered into a materials resource center for distribution statewide. An existing mentor teacher training project was expanded. Parent support weekends were conducted for families of children with deaf-blindness. A 2-day statewide workshop on assessment and evaluation of infants and toddlers with deaf-blindness was conducted. Additional workshops provided transition plan training. The project also coordinated information and training regarding technology with the state's technology project. Various brochures and newsletters were developed and distributed. Individual sections of this report describe the project's purpose, goals and objectives, accomplishments, outcomes, problems, impact, and budget. Two videotapes on screening for and diagnosing Usher Syndrome are included. (CR)

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The Indiana Deafblind Services Project

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Services for Children with Deafblindness Program

CFDA 84.025A
PR Award # H025A50031

Final Performance Report

Submitted to:
United States Department of Education
Office of Special Education Programs

Prepared by:
Indiana Deafblind Services Project
Blumberg Center for Interdisciplinary Studies in Special Education
Indiana State University

December 31, 1999

EC 307636

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Project Identification Items

Services for Children with Deafblindness
CFDA 84.025A - State and Multi-State Projects

Final Performance Report

Project Number: H025A5003

Project Start Date: 10/1/95
Project End Date: 9/30/99
Geographic Area: Indiana

Project Title: Indiana Deafblind Svcs. Project
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Technical Assistance:

No. of Children/Youth: 250
No. of Parents: 662
No. of Professionals: 8,072*
No of Paraprofessioals: 328

*Includes:
Specific topic information packets
Newsletter distribution 1100 x 3
Poster Session and Conference Displays
Conference Presentations
Onsite consultations
Training activities

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Section I
Executive Summary

The Indiana Deafblind Services Project was designed to improve the quality of educational services available to Indiana's infants, toddlers, children and youth with dual sensory impairments. The Project provided technical assistance, training, and support services to service providers and families of children with dual sensory impairments. The work of the project was focused on eight distinct components or goals:

- ***Identification and Tracking of Infants, Toddlers, Children and Youth with Deafblindness:*** This component focused on the identification and tracking of students, birth through age 21 who have deafblindness.
- ***Technical Assistance***: The technical assistance component's goal was the delivery of technical assistance and training to service providers and families in order to increase their knowledge and skills in dual sensory impairments.
- ***Resource Materials Center:*** This involved the maintenance of a resource materials center to collect, disseminate and exchange information specific to deafblindness.
- ***Mentor Teacher Training:*** The Mentor Teacher Training was designed to expand statewide knowledge and skills specific to children and youth who are deafblind through the use of a mentor teacher training program.
- ***Parent/Family Network:*** This component was designed to ensure that children with deafblindness and their families receive support and training through linking families to professionals and parents to other parents.
- ***Transition:*** This component improved the quality and availability of transition services for students with deafblindness.
- ***Collaboration***: The collaboration component was designed to ensure coordination with other local and state agencies, schools, and organizations, as well as parent groups to provide services and innovative programs for infants, toddlers, children and youth with deafblindness in Indiana.
- ***Dissemination***: This component focused on providing materials and information about the Indiana Deafblind Services Project to families, service providers and other professionals throughout Indiana.

As the final year of the project period came to a close, project staff reviewed the timelines and work accomplished on each component of the project. All objectives have either met those timelines, have had documented progress to achieve the objectives, or were revised during the project period in a fashion consistent with the purpose and goals of the project.

Excellent coordination with the personnel at the Indiana Division of Special Education and their annual child count activities assisted project staff in maintaining Indiana's deafblind census. The number of Hoosier children and youth reported as deafblind remained fairly consistent across the four years , ranging from 191 to 207. A remarkable number of new infants were reported to the project during this 4 year period. This was attributed to an increased awareness among early

intervention personnel as a result of INSITE training, collaboration with Indiana's Unified Training System, and a mailing of project information to all of Indiana's First Steps Service Coordinators. During 1997-98, project personnel focused on increasing awareness of deafblindness and of the Indiana Deafblind Services Project among those service providers who work directly with the student and who may be responsible for reporting students on the state child count. This has kept reporting of new children and youth at a high level.

Requests for technical assistance to teachers, physical and occupational therapists, vision and hearing specialists, speech and language therapists, classroom assistants, nurses, principals, mothers and fathers grew throughout all four years of the project. This growth in technical assistance prompted project staff to concentrate on further coordination efforts with the Indiana Division of Special Education. This resulted in several funding opportunities to expand training and dissemination, including: two mini-grants from CSPD funds-one to provide training for service providers at the Indiana School for the Deaf and the Indiana School for the Blind and one to develop a videotape on textured communication systems for statewide dissemination; a mini grant from the Family Social Services Administration, First Steps Part H (now Part C) Project to support INSITE training and a conference on CHARGE Association; a grant from the Indiana Department of Education, Division of Special Education to provide training for service providers at the Indiana School for the Deaf, the Indiana School for the Blind and designated LEA's; and a grant from the Indiana Department of Education, Division of Special Education to provide training for school psychologists in assessing students who have deafblindness.

Three teachers trained through the first Mentor Teacher training program provided technical assistance to schools and families throughout the four years of the project. In addition, a new group of twelve mentor teachers completed the second four-year Mentor Teacher Training Program. Of this new group, 5 began to consistently provide various forms of technical assistance. This included providing technical assistance to schools and families and holding positions on different board and task forces, as well as serving as facilitators during training activities.

Service providers and families continued to request materials from the Materials Resource Center. The Materials Resource Center was updated through a purge of old materials and a concerted effort to obtain new information on a variety of topics. Lists of materials, particularly videotapes, were distributed and the entire library was reorganized for better efficiency. The newsletter, *Deafblind Focus*, featured articles showcasing library holdings. These articles resulted in an increase in requests from families and service providers for library materials.

Families were very involved with the project through technical assistance activities. Based upon the recommendations from the on-site federal review, changes in the family learning weekends were initiated. The final family weekend for this project period was held at a state camp facility, featuring a family therapist as the presenter. It was very highly rated by participants and resulted in more participation by both parents and children in activities, as well as increasing family to family linkages.

An Usher Syndrome Task Force was established to create a formal screening procedure for Indiana students. The Task Force held a conference on Usher Syndrome with Dr. Sandra Daven-

port and with the Indiana School for the Deaf, established preliminary procedures and paperwork for screening which began at the Indiana School for the Deaf model site with the screening of all 300 students at the school. The work of the task force continued with the expansion of screening to public school sites and training of public school personnel in screening procedures. Videotapes from the conference proceedings on Usher Syndrome were edited into 30 minute segments and included in the "Important Topics in Deafblind Education" series and a two tape and booklet training packet on Usher Syndrome and Usher Syndrome Screening was developed.

Finally, other new products were produced for dissemination. In collaboration with the Helen Keller National Center TAC staff, a videotape and transition guide telling the story of two young women who are deaf-blind was published. Videotapes from conference proceedings on augmentative communication were edited into 30-minute segments and included in the "Important Topics in Deafblind Education" series. With some support from the Division of Special Education, a videotape and booklet on Tactile Symbol Systems was completed and a second videotape and booklet on Effective Education focusing on elementary age students was distributed to Indiana educators.

Section II
Project Description
(Including Purpose, Goals and Objectives)

Although each of the components/goals will be discussed, the complete detailed listing of all project components/goals and project activities will not be rewritten in this section. A summary of the each of the goals of the project is included in the Executive Summary preceding this section. An abbreviated version of the Project Components/Goals, Objectives and accompanying activities is included in Table 1. A complete description of the nine components for the Indiana Deafblind Services Project with accompanying activities and timelines is located in Section II, Quality of Services and Technical Assistance, page 22 through page 46 in the original grant application. The expected benefits and evaluation measures are located on page 17 through page 21 and page 54 through page 56, respectively of the grant application.

This narrative will include a discussion of project accomplishments organized in the same order as the original components in the grant application. In addition, although the goals of the project were not modified, some problems were encountered and changes made in activities. This information, by appropriate project component, is included in Section 4: Project Problems and Solutions.

Insert Table 1 About Here

Objectives and Major Activities of Project Components

Component 1.0: Identification and Tracking of Infants, Toddlers, Children and Youth with Deaf-Blindness.

Objective: To maintain a census of infants, toddlers, children and youth, birth through twenty-one with both hearing and visual impairments.

Activities:

- **1.1** Coordinate with the Division of Special Education and their annual child count procedures in collecting census data.
- **1.2** Comply with federal census reporting requirements.
- **1.3** Provide information regarding incidence of deaf-blindness, risk factors, state definition of deaf-blind and the Indiana Deaf-Blind Services Project to responsible agencies, organizations, and individuals.
- **1.4** Update the database of information regarding children and youth with deaf-blindness.
- **1.5** Extend identification efforts to those geographic areas in Indiana where children and youth with deaf-blindness appear to be underrepresented.

Component 2.0: Technical Assistance.

Objective: To increase the knowledge and training of parents, professionals, and paraprofessionals in the area of deaf-blindness to promote the desired outcome of inclusion for students with deaf-blindness in general education settings.

Activities:

- **2.1** Coordinate with the state part B CSPD Coordinator to provide for the preservice and inservice training needs of educational personnel.
- **2.2** Provide information to Indiana's seven special education roundtables regarding Indiana Deaf-Blind Services Project technical assistance activities.
- **2.3** Coordinate with the part H Coordinator for the state's Unified Training Plan to provide for the preservice and inservice training needs of educational personnel.
- **2.4** Coordinate with existing state and federally funded Indiana projects in the development of appropriate technical assistance activities.
- **2.5** Lecture and provide materials to state universities in Indiana which offer summer institute courses related to deaf-blindness, severe and/or multiple disabilities.
- **2.6** Review the state's local technical assistance needs with the TRACES and HKNC-TAC national technical assistance networks.
- **2.7** Respond to individual requests for technical assistance, consultation services, and training needs.

Component 3.0: Resource Materials Center.

Objective: To maintain a Resource Materials Center for the collection, dissemination and exchange of information specific to individuals with deaf-blindness.

Activities:

- **3.1** Acquire materials specific to the population of persons with deaf-blindness.
- **3.2** Catalog all materials using a database system.
- **3.3** Provide a list of updated acquisitions to a variety of individuals and programs throughout Indiana.
- **3.4** Provide the National Deaf-Blind Clearinghouse on Children Who Are Deaf-Blind (DB-Link) with a list of materials available through the Indiana Deaf-Blind Services Project.
- **3.5** Promote the development and distribution of Information Fact Sheets.

Table 1

Component 4.0: Mentor Teacher Training.

Objective: To build local service capacity through a four phase mentor teacher training project.

Activities:

4.1 Conduct joint planning with TRACES to continue the four phase Mentor Teacher Training Project.
4.2 Provide yearly summer institute coursework to the participants in the Mentor Teacher Training Project.
4.3 Secure Indiana State University graduate credit and/or continuing education units for the Summer Institute coursework.
4.4 Provide follow-up weekend conferences for the Mentor Teacher participants.
4.5 Following Phase IV, pair the Mentor Teachers with teachers/service providers who request technical assistance from the Indiana Deaf-Blind Services Project.
4.6 Provide incentives for Mentor Teachers to consult with their peers.

Component 5.0: Parent/Family Network.

Objective: To ensure that children with deaf-blindness and their families receive support and training through linking families to professionals and parents to other parents.

Activities:

5.1 Conduct an annual Parent/Family Support Weekend.
5.2 Establish a committee of parents/family members to plan Family Support Activities.
5.3 Provide a toll-free number for Indiana parents to access information specific to the needs of their child who is deaf-blind.
5.4 Establish a pool of families and consumers who will provide articles for the Project newsletter.
5.5 Provide information to families regarding deaf-blindness.
5.6 Respond to both group and individual parent requests for support and consultative services.

Component 6.0: Transition

Objective: To improve the quality and availability of transition services for students with deaf-blindness.

Activities:

6.1 Provide Priority I students with direct services as requested by families, educational, and community agencies.
6.2 Coordinate with the HKNC-TAC in the ongoing development of state and local team partnership plans to facilitate effective transitions for Indiana students.
6.3 Provide technical assistance to Options for Better Living to develop housing options for young adults with deaf-blindness.
6.4 Provide technical assistance to public schools in the development of effective transition plans for Indiana youth with deaf-blindness.
6.5 Provide information on the components of effective transition for youth with deaf-blindness to representatives of adults service agencies, employers, teachers, parents and families, students, and community leaders.

Component 7.0: Collaboration

Objective: To coordinate with other local and state agencies, schools and organizations, as well as parent groups to provide services for infants, toddlers, children and youth with deaf-blindness in Indiana.

Activities:

7.1 Collaborate with the Indiana School for the Deaf to establish an Usher Syndrome Screening Project.
7.2 Collaborate with part H and the Unified Training Plan Committee to establish a trainer of trainers model using the INSITE Curriculum.

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Component 8.0: Dissemination of Information

Objective: To provide materials and information about the Indiana Deaf-Blind Services Project and effective practices to families, service providers and other professionals throughout Indiana.

Activities:

- **8.1** Update and distribute the project brochure.
- **8.2** Publish *Information Updates* for statewide distribution six times per year.
- **8.3** Present information on the Project at local, state, regional and national conferences.
- **8.4** Submit articles and announcements about the Indiana Deaf-Blind Services Project to existing newsletters and electronic bulletin board systems.
- **8.5** Respond to individual requests for information through the Materials Resource Center.
- **8.6** Share products developed by the Indiana Deaf-Blind Services Project with local, state and national organizations.

Component 9.0: Project Management

Objective: To monitor project activities according to established timelines to ensure completion of project objectives.

Activities:

- **9.1** Establish Indiana Deaf-Blind Services Project Advisory Board.
- **9.2** Establish and monitor project timelines.
- **9.3** Provide assurances that project participants who are otherwise eligible to participate are selected without regard to race, color, national origin, gender, age, or disabling condition.
- **9.4** Coordinate project activities with relevant individuals, programs and systems.
- **9.5** Report results to funders.
- **9.6** Monitor staffing allotment against objectives and activities.

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Section III
Context of the Project

The background in which this project was implemented included several pieces of state and federal legislation, as well as specific needs, identified through various needs assessments, for this population in the State of Indiana. In order to help the reader understand the accomplishments and direction of the project, the legislation and identified needs are discussed below.

Indiana Special Education Mandates

The first area which influenced the direction and accomplishments of the project was the Indiana Special Education Mandates and other related legislation. These included: Article 7, Rules 3 - 16; State Mandates Affecting Services to Infants and Toddlers (Part H-PL 102-119); State Mandates Affecting Transition Services for Students Exiting Public Education; and, the Employment Provisions of the Americans with Disabilities Act (ADA).

First, on January 8, 1992, Indiana promulgated a new version of Indiana's Special Education Rules known as Article 7, Rules 3-16. Article 7 made three significant changes affecting the work of the Indiana Deafblind Services Project. First, Indiana is obligated to provide special education for all students three through eighteen years of age (formerly five through eighteen years of age) identified as disabled under Article 7. Second, Article 7 includes a definition and eligibility criteria for dual sensory impairments. Third, the state encourages the use of monies previously used to place Indiana students in out-of-state schools, to buy the needed services to keep the students in their home school districts.

Second, the Division of Family and Children in the Indiana Family and Social Services Administration is the part H lead agency. In May of 1994, Indiana submitted its application for full participation in the Individuals with Disabilities Education Act (IDEA), part H. Full implementation of the part H program in Indiana began on October 1, 1994. Under full implementation, the Division of Family and Children is responsible for early intervention services for infants, toddlers, and their families. Each Indiana county has a "First Steps" Council to guide the implementation of these services for children birth to three years of age.

Third, on 1985, the Indiana General Assembly passed Public Law 28, mandating transition planning during a student's final school year. The 1991 General Assembly amended the legislation by requiring the development of Individualized Transition Plans (ITP) during a student's initial year of high school. Vocational rehabilitation counselors must be notified of the IEP/ITP meetings beginning with the student's initial year of high school. The student is transferred to the vocational rehabilitation program during the final year of high school.

Finally, the employment provisions of the Americans with Disabilities Act (ADA) provided that individuals with disabilities, including those with deafblindness, may not be discriminated against in the workplace. Under the Indiana ADA provisions, state investigation of discrimination complaints may supplement federal investigations. The Indiana Civil Rights Commission (CRC) may assist with the enforcement of these employment provisions.

Conclusion About Indiana Mandates and Legislation

Although Indiana mandates for educational services for individuals with disabilities have historically been weak, the last 10-15 years saw an expansion of service mandates as described in the preceding paragraphs. The Indiana Deafblind Services Project supported and supplemented the objectives for each of the described mandates. In addition, these mandates helped shape the activities of the Indiana Deafblind Services Project.

The federal regulations for deafblind services originally described two priority groups. Priority I individuals included those children for whom the state had no mandate to provide educational services. In Indiana, Article 7 and part H legislation provided an educational mandate for children birth through 18 years of age. Although school districts could choose to provide services for students 19 through 21, they were not required to do so. Therefore, Indiana's Priority I children were those individuals with deaf-blindness age 19 through 21. Those individuals could receive direct services from the Indiana Deafblind Services Project, such as interpreter services, vocational evaluation services, counseling, coordinated service plans, and other related services to support their independence (Federal Register, 1989; Federal Register 1991). Priority II children in Indiana were those students with deafblindness, birth through 18. In recognition of the unique needs of this population, the federal regulations stated that the project could provide technical assistance to the agency and school personnel who provided educational services to Priority II children under parts B and H of the IDEA and the Indiana State plan. Technical assistance services included: preservice/inservice training, facilitating parental involvement, replicating successful, innovative approaches, offering consultative and counseling services, and promoting the integration of children with deaf-blindness with children with and without disabilities (Federal Register, 1989; Federal Register 1991). However, during the four years of the project this distinction between Priority I and Priority II students was eliminated. At that point in time all services provided by the project were to be technical assistance services, such as those described for Priority II children.

Infants, toddlers, children and youth with deafblindness are a varied and unique population. "Meeting the educational needs of [these] children, the states found, was a monumental task because each child has unique needs that require **unique and appropriate** interventions" (Conlon, 1991, p. 43). Both Federal and State laws recognized these unique needs by providing a definition for deafblindness and eligibility requirements for the services provided by various programs. Deafblind projects under IDEA were designed to support special education services for these individuals.

Needs Assessment

Another critical area of background for this project was the needs identified in the state of Indiana. The Indiana Deafblind Services Project's objectives and proposed activities were established after considering a number of needs assessment activities conducted in Indiana through various individuals and groups. Some of the needs assessments are specific to individuals with deafblindness, others to individuals with severe disabilities, and still others according to specific age groups or topics. They include needs assessment surveys from the Comprehensive System of Personnel Development (CSPD), transition surveys, an early intervention training needs

survey, family surveys, and data from specific activities conducted by the Indiana Deafblind Services Project in the past.

Indiana Comprehensive System of Personnel Development Report

The Indiana Department of Education supports and participates in a number of initiatives and activities to address the need for qualified Indiana personnel necessary to carry out part B mandates. Indiana's CSPD system was organized around state (advisory council), regional (seven Indiana roundtables), and local levels (local educational agency). Each level was required to conduct needs assessment activities to determine inservice training needs. A broad constituency of personnel, agencies, parents and community groups were participants in the needs assessment activities.

The results from the 1993 CSPD needs assessment provided interesting data. It was significant that 86% of the respondents requested training in instructional strategies. In addition, the respondents requested information on instructional materials (85%), consultation skills (85%), development and utilization of IEPs (78%), and teacher assistance teams (81%). Each of the identified inservice training needs in the service delivery, educational programming/curriculum and professional skills categories were supported through the activities of the Indiana Deafblind Services Project.

1993 CSPD Needs Assessment Results
(Totals in Percentages - Scores of 75% or Better)

Service Delivery	
Instructional Strategies	86%
Model Programs/Best Practices	92%
Inclusive Education	92%
Classroom-based Service Delivery	82%
Collaborative Teaching	84%
Continuum of Service/LRE	78%
Wrap Around Services	77%
Media and Technology	76%
Educational Programming/Curriculum	
Instructional Materials	85%
Classroom Management	77%
Personal Adjustment/Self Help	76%
Integrating Technology	83%
Problem Solving/Thinking Skills	86%
Language Disorders	80%
Professional Skills	
Professional Renewal	76%
Consultation Skills	85%
Teacher/Para/Volunteer Relationships	79%
State/Federal Rules and Regs	87%
Development and Utilization of IEPs	78%
Teacher Assistance Teams	81%

Table 2

Part H (now Part C) - Early Intervention Personnel Needs Assessment

In the spring of 1994, Indiana's Step Ahead/First Steps part H Project developed a CSPD family and provider survey. The purpose of the survey was to determine competency levels and identify training needs of early intervention providers and the families with whom they worked. Information from this survey was used to develop future statewide training strategies.

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The survey was sent to 2,055 service providers and 958 families in 72 counties in Indiana. The responses from the service providers indicated that a large number (up to 69%) would like training in strategies/programs/curricula designed to meet the needs of special populations (i.e., vision impairments and technology-dependent infants and toddlers). From one-fourth to over one-third of the respondents indicated a need for family assessment training and a large number (84%) are concerned with training for working effectively with families, especially those with limited proficiency in English. When asked how they would like to receive this training, providers identified the following approaches in rank order: videotapes, weekday workshops, conferences, regional workshops, and printed materials/fact sheets/newsletters.

Family responses indicated a significant desire (42%) for contact with other families. They also expressed a need to learn more about planning and services available for their child, particularly how they could help their child. When asked which topics they wanted to learn more about, the top six answers were: available services, specific disability information, laws, coordination of services, financing, Medicaid and health care, and family rights. Family members would like to learn through interactive television, conferences, evening workshops and adult/community education programs. They would prefer to receive information through printed materials/newsletters, videotapes, and lending library/materials available through the mail.

Family Support Weekend Evaluations

The Indiana Deafblind Services Project has provided annual family support weekends since 1990. This was an opportunity for families to come together, learn about specific topics related to deafblindness and education, share stories and develop networks. Comments on evaluations were very supportive of the continuation of these weekend activities. Parents also indicated topics for weekends, including: advocacy, funding, working with professionals, personal futures planning, available services in Indiana, and transition planning.

Transition Needs Assessment Information

The Indiana Deafblind Services Project was part of a national needs assessment of agencies serving individuals with deafblindness, conducted by the Helen Keller National Center. This survey found that agencies continue to group services along traditional service lines that are outdated and ineffectual. In addition, the data indicated that professional literature, federal and state legislation and policies encouraging integration of individuals with deafblindness into the community has not had much effect on how agencies group those direct services (Seiler, Everson & Carr, 1992). The data also indicated high needs for technical assistance in the areas of initiating and maintaining interagency collaboration and establishing interagency direction and focus.

In Indiana, transition services for youth with disabilities were complex. Students who left school programs faced a variety of programs with different requirements for eligibility. There were waiting lists, few choices and most of the residential and vocational programs were in segregated settings.

Despite federal and state mandates supporting transition, planning and coordination of effective transition services in Indiana was made difficult by the number of different agencies involved in

transition. There are many different service provision areas, many overlapping. The Division of Special Education organizes the state's 297 school districts into 101 special education planning districts with 64 separate funding entities and then again into seven administrative "round table" areas. The Division of Vocational Rehabilitation divides Indiana's 92 counties into five regions which operate 25 regional offices, while the Developmental Disabilities Section has eight regions. The Department of Workforce Development has a more extended organization with 16 economic development regions. Depending upon where he/she lived, one individual with deafblindness might have to apply to four different regional offices with four different sets of eligibility criteria. This information indicated a need for coordination of transition services for the Indiana Deafblind Services Project's youth.

Fritz and Goehl (1991) also conducted a survey of Indiana parents regarding transition services for their children with deafblindness. The survey indicated that social networks and residential and vocational options were of primary importance. Parents of Indiana children and youth with deafblindness also were asked about their dreams for their son's or daughter's future. The four most recurring dreams were friendships (93%), participating in community activities (73%), living in a supportive environment (68%), and seeing friends weekly (62%). In order to make those dreams happen, parents needed information on school transition services, information on adult service agencies, training for teachers in transition, parent support groups, and information on technology.

All of the surveys and needs assessments identified clearly presented a strong argument for extensive transition activities in this project. There were 20 students, ages 19-21, and 87 students, ages 11-18. All of these individuals were or would be transitioning from educational to adult services within the time frame of the project.

Indiana Mentor Teacher Training Project Needs Assessment

There are five state universities in Indiana with teacher training programs. However, there are no programs leading to certification in deafblindness; one university offers certification in deaf education and in 1991, another private college initiated a certification program in visual impairments. The Task Force on Critical Personnel Needs of the Indiana Special Education Administrators Services (ISEAS) University Forum conducted a study on the 1991 Training Needs for Special Education Teachers on Limited or Reciprocal Licenses in Indiana. Of these teachers, only eight teachers held limited certificates in vision handicaps; twelve in hearing impaired. In response to this shortage, the Indiana Deafblind Services Project began a Mentor Teacher Training Project in 1991.

In the fall of 1994, the Indiana Deafblind Services Project conducted a "Mentor Teacher Needs Assessment Survey." This survey was sent to teachers, throughout the state, who provided services for students with deafblindness. Of the responses received, nearly one-half indicated that they were interested in receiving support from a mentor teacher. An equal number indicated that they would like support in the form of both inservice training with follow up activities and onsite visits. When asked if they would be interested in becoming a mentor teacher, approximately one half of the respondents stated that they would like to become mentor teachers, either now or possibly in the future. One third of the respondents indicated a willingness to commit to

attending summer institutes and follow up activities, completing evaluation data for the program, and becoming a mentor trainer. In addition, the survey provided data showing a need for information on group decision making, team building, and conflict resolution.

School Psychologists' Assessment Training Needs

The Indiana Deafblind Services Project conducted a survey of school psychologists who were practicing in Indiana (1994). The purpose of the survey was to determine the extent of their training in educational assessment of children with dual sensory impairments. Seventy-seven percent of those responding had no training in the evaluation of children with deafblindness. Survey responses indicated that the greatest concern was a lack of knowledge in instruments and procedures to use when assessing these children. When asked if they would be willing to attend training activities, more than 86% wanted more training and information in assessment tools, best practices, and application of assessment information to programming goals.

Conclusions about Needs Assessments

The data reported above were consistent in documenting the need for continued services and technical assistance to the children and youth in Indiana with deafblindness. Training needs assessment data (e.g., CSPD, parts B and H (now part C), school psychologist survey, and mentor teacher training survey) showed that teachers, paraprofessionals, school psychologists, and other service providers wanted training in instructional strategies, assessment strategies, information on consultation skills, development and use of IEP's, teacher assistance teams, training in working effectively with families, and strategies/programs/curricula designed to meet the needs of special populations. This project was able to help meet those needs through its commitment to mentor teacher training activities, training workshops, and technical assistance activities.

Families also were clearly requesting assistance. They wanted additional ways to access information, they wanted assistance with transition planning, they wanted to be partners in their child's education, and they wanted family support. The Indiana Deafblind Services Project helped provide opportunities for those needs to be met.

Transition surveys indicated a major need for interagency collaboration in the development of options for work and community involvement for individuals with deafblindness. The Indiana Deafblind Services Project continued coordination efforts with other agencies to meet this need. This need was addressed in the transition component of the proposal.

Overall, the findings presented here showed an ongoing need for training support to service providers and families of children with deafblindness. The project's activities addressed those needs for children and youth in Indiana with deafblindness.

Benefits of the Project as Related to the Legislation and Needs Assessments

The Indiana Deafblind Services Project resulted in the improvement of technical assistance to children and youth, birth through twenty-one, with deafblindness. This Project benefitted the

205 infants, toddlers, children and youth with deafblindness across Indiana. The types of services and training activities identified conducted by the project enabled all participants to increase their knowledge and skills, access and provide needed supports, share information, and promote better services through a coordinated and comprehensive system. The following section discusses the outcomes and benefits which resulted from the accomplishment of the goals set by the Indiana Deafblind Services Project. As the goals were identified by reviewing this background, these mandates and needs set the direction for all of the project activities to be discussed in Section IV.

Section IV
Project Accomplishments and Outcomes

This section will discuss how each of the project's goals were accomplished. Each of the goals of the Indiana Deafblind Services Project were designed as a project component with accompanying objectives and activities. (See Table 1, pages 4-6.) The following narrative will indicate how the goals were met by reviewing the accomplishment of project objectives and activities for each component/goal.

Component/Goal One: Identification and Tracking of Infants, Toddlers, Children and Youth with Deafblindness

The 1995-98 child counts were the second through fifth years, respectively, that the deafblind census was fully integrated with the state's electronic reporting system (The Indiana Computerized Data Project or CODA Project). The CODA Project is the public school districts' system for reporting their December 1 child count information to the Indiana Department of Education. Since the project had always coordinated with the state's December 1 child count it made sense to move into the state computerized system. Through coordination with the Indiana Division of Special Education's CODA Project, tracking procedures were somewhat more streamlined and efficient. However, while there was an increase in the accuracy of the data obtained from the public schools, some problems were encountered in the reporting process. These problems and the strategies implemented to alleviate them are discussed later.

The yearly census was conducted by distributing deafblind information packets to public schools and a small number of community agencies (who provide early childhood services under contract with public schools) with the Indiana Division of Special Education's December 1 child count packets. The directors of special education then reported their deafblind census information electronically through the CODA Project. The community agencies verified information on the forms they received, filled out new census forms, and returned the information to the project offices. In addition, a separate mailing was forwarded from the Indiana Deafblind Services Project to the community agencies who serve the birth to two population. These agencies reported their child count information to the part H agency (now part C) and not the Division of Special Education; therefore, they received separate packets and were instructed to return information to the project offices.

The 1995 census showed 191 children and youth in Indiana with deafblindness. Of that number, 11 new students were reported. Overall, there was a decrease from the 1994 census of seven students. The 1996 census showed 196 children and youth in Indiana with deafblindness. Of that number, 19 new students were reported. Overall, there was an increase from the 1995 census of five students. This was due primarily to a large increase in the number of very young children reported by community agencies. Of the 19 new students reported, 15 were children under three years of age. In 1997, the census data indicated that 192 children and youth with deafblindness were reported in Indiana. Of that number, 11 new students were reported, nine of whom were children under two years of age.

During the final year of the project, 1998, the census numbers were up to 207 children and youth with deafblindness. This increase appeared to be a result of three things. First, more children reported through the part C lead agency (First Steps). Second, their was an increase in the number of students reported with Usher Syndrome due to the screening project, as well as a number of new students reported as a result of a CHARGE Association Conference conducted in year three. Third, some of the steps to alleviate the problems with census procedures seemed to increase awareness of those who were responsible for reporting students with deafblindness.

Over the four years of the project, the census numbers continued to reflect either a drop in the number of students reported as deafblind to the project by the public schools or a drop in the number of deafblind students reported as deafblind to the state, even though they were reported separately to the project. This reflected a "glitch" that was inherent in the computerized system and continued to be a problem throughout the project period. When the school districts reported students to the Division of Special Education, they were unable to report them under any category not listed in their IEP as a result of the case conference procedure. For example, a student may have documented vision and hearing impairments in addition to other disabilities. However, the case conference committee decides to report the student as multidisabled. Those children who might otherwise be qualified for services from the deafblind project were not being reported through that system because, under their IEP, they were to be reported in a different category (e.g. multidisabled).

The persons who were reporting students did not understand that it was perfectly acceptable, for the purposes of the project, to report the student for reimbursement under multidisabled and still report them to the project as deafblind. When this occurred one of two things happened. If the deafblind project had worked with that school corporation, they still reported the student to the project separately from the CODA system. This kept the census numbers at about where they should be, even though there was a drop in the number of students reported as deafblind to the state. However, if the person who reported the student was not familiar with the deafblind project, then they did not report the student to the project, even though they may have been eligible for services. This phenomenon caused both a drop in new students reported by the public schools and students being removed from the census because of concern over whether the student was deafblind or more appropriately counted under another category. To address the problem, a third option was offered to those persons reporting through the CODA project. In the letter from the Division of Special Education, the instructions indicated that if the student was eligible for deafblind services, but that was not yet indicated on their IEP, the school district should continue to report students as they had in the past for reimbursement. In addition, the

districts were asked to report students separately to the deafblind project. The project office would follow up to verify the student's eligibility and assist the district in reporting the student as deafblind at the next case conference. More information on this problem and the steps taken to alleviate it is found in Section V: Project Problems and Solutions, under Component 1.

Component/Goal Two: Technical Assistance

Technical assistance was provided through ***consultations, training and information/referral***. It was provided by the project director, mentor teachers, and outside consultants, as needed. The assistance provided by the project was designed to respond to needs at many levels. Recipients of technical assistance included the individual with deafblindness, family members, teachers, related services personnel and other support personnel.

Over the course of the four year period approximately 250 students who are deafblind, their families and educators were involved in onsite technical assistance ***consultations***. Onsite technical assistance visits were based on needs identified by the technical assistance recipients. At least two technical assistance visits to the family's home, school, group home, work site, or other designated site occurred. Initially, the project director and the individual requesting assistance identified educational and support needs prior to visits from project staff. An action plan was developed which included expectations and identification of outcomes from all parties involved in the activity. Each plan indicated the number of days, activities, and visits, as well as strategies and resources, including personnel, that could be provided by the project to implement the plan and meet the needs identified. Follow-up was based on each party completing action plan tasks, demonstrating progress with the tasks or, if indicated, renegotiating the tasks.

Inservice training was another part of technical assistance delivered through the Indiana project. A review of telephone requests from families and service providers, technical assistance action plans, and direct requests from the Indiana Division of Special Education identified and directly led to the development of training activities. During the course of the project period, 30 inservice training activities occurred with approximately 600 total participants. Inservice training activities included: conferences and workshops for school psychologists, teams, physicians, speech pathologists, teaching assistants and classroom teachers; one day workshops with follow-up; and, teleconferences, as well as university classes. Some training activities were cosponsored with the Indiana Division of Special Education through additional funds provided by state grants (BENs and PHASES), the Indiana Unified Training System and NTAC (TRACES). Some of the major inservice training activities are mentioned under other related components (e.g., Usher Syndrome Conference, BENs, CHARGE Conference, PHASES).

Technical assistance also occurred through **information and referral.** Whether the technical assistance was on-site or by telephone, fax, or e-mail, information was routinely sent to those who request it. Additionally, following each technical assistance visit, a packet of information was sent to the family and/or teacher with specific content information they requested or the consultant wanted to provide. The information came from the project's material resource center, from DB-Link, or each consultants own library of materials. Over nine hundred packets of materials were mailed to families, teachers, and support providers during the project period and approximately 120-200 telephone calls or e-mails resulted in referrals to other providers.

Component/Goal Three: Resource Materials Center

During the project period, project staff completed a revision of the Resource Materials Center. Every item was reviewed; old materials or those not specific to deafblindness were removed. The remaining 800 items, including over 125 videotapes, in the library were recatalogued and the entire system moved to a more user-friendly database. Using the computerized database, key search words could be entered and materials pulled up which related to those particular topics. Once located in the database, a library code number could be used to locate the materials on the shelves.

A complete list of the available library materials was disseminated during various trainings and sent to specific service providers within the state; however, a listing of only the videotape holdings was sent to a wider audience as those were the most requested items. In addition, a column in the project's newsletter was dedicated to highlighting specific library holdings. This created an increase in the number of requests from families and service providers for both those particular items and others. This column was continued as a means to promote usage of the Resource Materials Center holdings.

Potential new acquisitions and older materials were reviewed by staff and updated as needed. A new set of guidelines for writing abstracts was developed by project staff and the graduate assistant reviewed all abstracts for the materials in the library. New acquisitions included the series "Important Topics in Deafblind Education," developed by the Indiana Deafblind Services Project. This series included 30 minute videotapes, edited from conference presentations on Usher Syndrome, Augmentative Communication, Assessment of Students Who are Deafblind, CHARGE Association, van Djik Method of Communication, Personal Futures Planning and Textured Symbols and Bag Systems as Communication. Each 30 minute tape is focused on a particular topic of importance to families and educators of children and youth who are deafblind. Another important acquisition to the library was a group of assessments useful in assessing children who are deafblind, including: DASH-2, HELP and the Brigance Series. These were purchased in conjunction with a state-funded project to train school psychologists about deafblindness and assessment.

Component/Goal Four: Mentor Teacher Training

A second group of twelve teachers were trained to become mentor teachers for the Indiana Deafblind Services Project, during this project period. Their training consisted of four summer institutes (one each in July of each project year) and follow up weekend topical workshops. The 1998 Summer Institute was held in conjunction with a state inservice training project, Building Educational Networks. This fourth summer institute was offered to the mentor teachers as a practicum experience and a content review. Part of their responsibilities during this Institute were to act as facilitators for the BENs' educational teams. All four years of this the Mentor Training project were cosponsored by the NTAC (formerly TRACES) and Indiana Deafblind Services Projects. Training topics for Summer Institutes included: Overview of Deafblindness, Components of Teaching and Learning, Curriculum Adaptations in Inclusive Classrooms, Communication, Behavior as Communication, Augmentative Communication Systems, and Facilitation using the Creative Problem Solving method.

Follow up weekend workshops were held each year; one in the Spring and one in the Fall (except for year 4 which had only a Spring follow up). Participants gathered on Friday evening, attended all day Saturday and all day Sunday until 2:00 P.M. The sessions were designed to be very interactive and participants wrote action plans at the end of the summer institute and both weekend workshops. Each person reported on the activities completed from their last action plan at the workshops. Topics for weekend workshops included: Communication, Creative Problems Solving Strategies, COACH, Transition, the van Djik Method of Communication, and Orientation and Mobility.

Evaluations included both satisfaction and action plan impact data from the summer institutes and weekend workshops. High participant satisfaction was noted. Most items were ranked 4.9-5.0 on a 5 point Likert scale. Comments were most positive and indicated that participants gained a lot of information which they were anxious to apply in their educational setting. One participant called the day after the February retreat and said, "I'm so excited about this project, I've learned more this weekend than in a semester class." It is wonderful to get that kind of feedback. Another participant said, "This workshop has helped me to gain new perspectives about services which have been unfamiliar to me. It has given me a clearer image of the connections between school and adult services and among agencies in the community. I desperately needed this information."

Mentor Teachers trained in the first training cadre provided technical assistance to families and teachers of children who have deafblindness. In addition, after completion of their training, Mentor Teachers from the second group joined those from the first cadre in delivering technical assistance and training to families and service providers for students with deafblindness across the state of Indiana. Two Mentor Teachers assisted with planning and implementing INSITE training for 20 early intervention personnel in northern Indiana; four Mentor Teachers worked on the Usher Syndrome Screening Project; one Mentor Teacher worked with another project on alternate assessments; and, several Mentor Teachers have been involved with providing technical assistance to families. To date, approximately 6-8 mentor teachers have consistently provided some form of technical assistance for the Indiana Deafblind Services Project.

Component/Goal Five: Parent/Family Network

As highlighted in previous reports, the Indiana project was responsive to families, helping them participate, individually, in the direction and vision of the project. Technical assistance activities were viewed as a crucial way to link families to resources and to each other. Technical assistance from the project did not occur without contact with the family and without their active involvement. Individually, this linkage was a strong component during the four years of the project.

The addition of a toll-free number made it much easier for families to request technical assistance from the project. Because the line carried voice mail, it was not unusual for there to be messages from families waiting when the office opened in the morning. Approximately, six to ten calls were received daily from families and service providers.

Collectively, with a look toward more formalized family activities, the project made great improvements over the course of the project. Some excellent suggestions were made by the

onsite reviewers and project staff implemented a number of them. The Project had always conducted Family Support/Learning Weekend for families of children with deafblindness. During this grant period three Family Support/Learning weekends were held; one in 1995 at a hotel, one in 1997 at a camping facility, and a Family Learning activity specific to CHARGE Association in 1998. For the Family Learning Weekend, changes which were implemented after the 1995 weekend included: a less formal atmosphere, a focus on family mental health issues, and moving the location to a different region of the state. In addition, stronger linkages to the National Family Association for Deaf-Blind were established and the NFADB Regional Director attended a family weekend and was invited to other events. A total of approximately 35 families (145 participants) attended these events.

The Family Learning/Support Weekends also allowed the project to work with Indiana State University professors in providing opportunities for students to gain hands on experience with individuals who are deafblind. Student volunteers from the Departments of: Communication Disorders and Special Education, Educational and School Psychology, Counseling, and Nursing acted as support staff for the children's activities during the family events.

In addition, a mentor teacher was hired by the project to act as a family consultant. This individual provided follow-up contact to families as they requested technical assistance and worked with the project staff on specific family-oriented activities such as family weekends and INSITE training.

Other family-related activities included: submission of articles to the newsletter by students who are deafblind and their families; more involvement of family members in teams at training activities; inclusion of family members on the Advisory Board, the Usher Syndrome Task Force and a needs assessment task force for Indiana students with deafblindness; and, parents acting as speakers on specific issues at meetings and workshops.

Component/Goal Six: Transition

Indiana census information indicated that between the ages of 11 and 21 there were 94 individuals with deafblindness. Since this was nearly one half of the individuals reported in Indiana, transition was identified as a priority issue. The transition component consisted of five activities. These included: an NTAC sponsored stakeholders meeting to identify transition needs; a case study of two young adults transitioning back to Indiana adult services which resulted in a book and videotape distributed to each state project; development of a IEP model template to help identify transition service needs; an inservice training workshop focused on transition and Person Centered Planning; and, assisting Indiana youth to attend the HKNC Career Camp.

First, Indiana held two "stakeholders meetings" with organizations who had an interest in meeting the needs of individuals who are deafblind. Key stakeholders prioritized the following top four transition needs: 1) training for service providers; 2) materials/strategies to assess employment; 3) jobs that are exciting; and, 4) educating the public about employment needs and opportunities. Since the number one need was identified as training for service providers, a survey was sent by the Indiana Deafblind Services Project to all Indiana adult service providers and Indiana teachers serving transition age students with deafblindness. Respondents were asked to

identify topic areas for training. Communication methods and employment were identified as the top two training need areas.

Second, two young women who are deaf-blind returned to Indiana from out-of-state educational placements. With the assistance of HKNC-TAC and a local team partnership, their transition to a new home, a new community and new jobs happened. The stories of these young women and the team who worked to make things happen was documented in a videotape and guide book.

Third, the Helen Keller National-Technical Assistance Center (HKNC-TAC) representative from Indiana assisted the project in the creation of a template for Individualized Transition Plans (ITP). That template was used as a format in several separate technical assistance activities involving transition age students. Recipients of this activity provided positive feedback about the process and the detailed ITP plans which were developed.

Fourth, following a second stakeholders meeting, it was decided to address the training issues outlined at the first meeting using the BENs Project Team Model at the 1998 Summer Institute. Four teams with transition age students attended a week-long summer institute that focused on transition. Teams learned about Person Centered Planning, employment opportunities, and post school community activities.

Fifth, project staff assisted with planning, identification of resources, and advocacy in the support of transition age youth from the Indiana to attend the HKNC Career Camp during the summers. This camp provided activities and information about vocational opportunities, post secondary education possibilities, and career planning.

Component/Goal Seven: Collaboration

The collaboration component of the project involved two specific activities: the Usher Syndrome Screening Project and the INSITE Training Activity. These activities were designed to meet specific identified needs in the state. The Usher Syndrome Screening Project implemented a system for the identification of children with Usher in Indiana. It was hoped that this early identification would allow for the provision of technical assistance, including counseling services and the development of appropriate communication systems. The INSITE training activity provided the opportunity for training in the INSITE Model per a survey of service providers conducted in 1994 and again in 1997. The INSITE Model is a home-based program for parents and service providers of children age birth to 5 who have multiple disabilities including vision and hearing impairments. The Indiana Deafblind Services Project coordinated services with other state and local agencies for both of these activities.

The Usher Syndrome Screening Project formed a task force which met throughout the course of the four years to determine the scope of the Usher Syndrome Screening Project and develop screening procedures. Task Force members included representatives from the Indiana School for the Deaf, public school districts, the Indiana School for the Blind, Family Social Services Administration, as well as two mentor teachers, a geneticist, a pediatric ophthalmologist, two parents of children with Usher, and one person with Usher.

The Usher Syndrome Screening Project's activities included:

- A statewide Usher Syndrome Conference, held on November 13, 1996 in Indianapolis, with Dr. Sandra Davenport. Over 75 persons attended and the conference was very well received with evaluations that were all very positive.
- Individual 30 minute tapes were developed from the videotape footage of the Usher Conference and added to the Special Topics in Deafblindness Series in the Materials Resource Library. These tapes covered specific topics addressed during the Usher Conference (e.g., fetal development, Usher Types I, II, and III, balance).
- Two brochures, one on general information about Usher and one on screening, were developed and distributed in various conference and meeting packets across the state.
- Screening procedures were established. These procedures included: Sending information to parents of children who are deaf or hard of hearing and requesting permission to investigate the child's audiological report; distributing informational questionnaires once interest is expressed and permission given by the parent; reviewing the information to determine the need for further screening; and, obtaining permission for onsite screening. Onsite screening, consisted of a balance test, a visual field test, and a dark/cone adaptation test conducted by designated school or agency personnel. This was followed by a referral for further screening by an opthalmologist, if necessary.
- Questionnaires, screening forms, cover letters, permission forms and other appropriate paperwork was developed to be used by screening sites if desired.
- The Indiana School for the Deaf was chosen as the initial site for screening and a 1/2 day training on screening procedures was conducted for the ISD staff. All 300 of their students were screened and several students with Usher Syndrome were identified, as well as a group of approximately 20 students who were selected for a follow up screening or a referral. In addition, the School for the Deaf incorporated the screening into their normal assessment procedures.
- Screening was expanded to public school sites, with the first site being Evansville Public Schools. Evansville Public Schools hosted a training for school personnel from the Southwest Roundtable Region on screening procedures. Training occurred in the morning and students from Evansville schools were screened in the afternoon. Evansville began the process of incorporating Usher Syndrome Screening into their procedures and school districts represented by the other workshop participants were encouraged to do the same.
- Personnel at the Indiana School for the Deaf who were trained in Usher Syndrome Screening acted as trainers for screening workshop in Evansville and agreed to provide that service on an on-going basis as a part of their outreach program.
- An Usher Syndrome Screening and Awareness package was developed. This package includes two videotapes, one on Usher Syndrome and one on Screening Procedures, a booklet on Usher Syndrome and copies of the screening forms. The videotapes were piloted at a screening training in South Carolina and the package as a whole is intended to be used for awareness, as well as to provide enough information for school and agency personnel to conduct Usher Syndrome Screenings without having a formal training workshop. The screening video also includes a ten minute segment which was

used as an orientation tape for students (and their families) who would be screened, as well as a training tool for personnel administering the screening.

- Information on Indiana's Usher Syndrome Screening Project and the companion materials was shared with school and community agency personnel and families across the state, as well as with other state projects such as Nevada, Colorado, Kansas, Illinois, South Carolina, and Maryland.

The second activity in this component was to establish a trainer of trainers model to implement the INSITE model in Indiana. One of the mentor teachers worked on this activity with project staff. She and project staff resurveyed community agencies and early interventionists in Indiana regarding their interest in the INSITE training. The new survey was distributed to 178 agencies. With a return rate of 32%, 50 agencies requested INSITE training for a total of 303 early interventionists. Because of the overwhelming response, project staff submitted a mini-grant proposal to Indiana's Unified Training System requesting training dollars to help support this activity. Using mini-grant and deafblind project funds training would be conducted regionally for at least 100 Indiana early interventionists, statewide. This would allow for two, one week trainings in two separate regions of the state. The costs for the INSITE trainers, consultant expenses, meeting rooms, interpreters, and materials for both trainings would be split between the Indiana Deafblind Services Project and Indiana's Unified Training System for a total of about $10,000-$12,000 for each contributor. In addition, the agencies indicated a willingness to support their personnel by paying their expenses while attending the training.

On September 24-26, 1997, the project, in conjunction with First Steps and Ski*Hi Institute sponsored the first part of the training in the INSITE Model of Home Intervention for Families of Infants and Toddlers who are Multidisabled, Sensory-impaired. The Ski*Hi trainers for this program were Ms. Lucie Kafka of Boston, Massachusetts and Ms. Mary Franks from Knoxville, Tennessee. The second half of the INSITE training for this group of participants was held November 12-14, 1997. Eighteen participants out of a maximum of 24 attended the training, representing nine area agencies. Each participating agency purchased their own materials and covered expenses for their trainees. Evaluation information indicated that participant satisfaction was high and that the training provided specific information which could be used regularly in their professions. In addition, another important outcome of this activity was an increase in the number of infants reported from those agencies who participated in the INSITE training.

Although project staff received funding from Indiana's early intervention Unified Training System to help support this activity, the funds were much less than the requested $12,000. The original intent was to conduct three regional trainings; however, due to limited funding, only one regional training for northern Indiana was held.

In addition to these specific activities, collaborative efforts across all project components occurred. For example, collaboration with the Indiana Division of Special Education resulted in discretionary funding for development of the Building Educational Networks Project, the Psychologists Helping to Assess Students' Educational Strengths Project (PHASES) and the *Textured Communication Symbols: Talking Through Touch* videotape. As a result of the BENs project, collaboration continues with the Indiana Schools for the Deaf and Blind and the respon-

sible LEA's. PHASES involved collaboration with the Division of Special Education and LEA's throughout the state who had school psychologists as participants in the training.

Component Eight: Dissemination

One of the most interesting and exciting aspects of this project was dissemination. When project staff became aware of new information, it was routine to ask, "Who should know this and how do we do it?" After many years as a single state project, sharing information was really a valued part of project activities. This was strongly evidenced by a comment made by Indiana Division of Special Education Staff indicating that the project was widely known for the information it provided to families and service providers. A key point in the dissemination of information by the project was the products (e.g., booklets, videotapes, newsletters, etc.) and this period saw the completion of a wide variety. Products developed included: a videotape and booklet on Effective Education (produced in conjunction with Brent R. Bailey and Alice Udvari-Solner); a videotape and accompanying booklet, *"Planning Today, Creating Tomorrow,"* A Guide to Transition; an Usher Syndrome Screening package including 2 videotapes and a booklet; a videotape and booklet on *Textured Communication Symbols*; a second videotape and booklet on Effective Education focusing on secondary age students; and the *Important Topics in Deafblind Education Series* of videotapes.

The series, *Important Topics in Deafblind Education,* was developed by the Indiana Deafblind Services Project and included 30 minute videotapes, edited from conference presentations on Usher Syndrome, Augmentative Communication, Assessment of Students Who are Deafblind, CHARGE Association, van Djik Method of Communication, Personal Futures Planning and Textured Symbols and Bag Systems as Communication. Each 30 minute tape focused on a particular topic of importance to families and educators of children and youth who are deafblind. All of these products were distributed to the Indiana Directors of Special Education and other service providers and families across the state and nation.

The new project newsletter (*Deafblind Focus*) continued to grow in circulation to approximately 1,100 subscribers. It was changed from *Information Updates* to *Deaf-Blind Focus* and got an entirely new "look." It featured articles from consumers and a special column dedicated to promoting items from the Materials Resource Center. In addition, the project's brochures were updated, given a new look, and reprinted numerous times, along with the business cards for project staff. All of these items were included in every packet that is mailed or given out at conferences and workshops.

All of the project's materials were distributed at conferences, meetings and during technical assistance visits. For example, families automatically received a resource packet with the Project Brochure, a copy of *Profiles: Individuals with Deafblindness* and the project newsletter as soon as they were referred to the Project. In addition, their names were added to the mailing list for future announcements and newsletters. Packets of information on the project and different resources were sent to various groups including: families, physicians, teachers of the visually impaired, early interventionists, First Steps Single Point of Entry personnel, special education directors, community agency personnel, and others serving students with deafblindness in Indiana.

In addition to the newsletter, various project products and information presented at meetings and conferences, project staff completed an Internet Home Page for the Indiana Deafblind Services Project. This page allowed the viewer to e-Mail the Program Coordinator and Project Director; order products and view information about the project and different activities.

Requests for information about the mentor teacher program, the census, Usher Syndrome Screening, and the BENs Project were received from other states. Packets of information were distributed to other states, including Maryland, Colorado, Nevada, GLARCDBE, and Michigan. Approximately 300-400 copies of the various booklets or videotapes produced by the project (e.g. *Learning to Look, Learning to See, Transition: Connections, Profiles, and Effective Education*) were distributed to other states for use in their training activities.

All of these dissemination efforts resulted in increased technical assistance requests and recognition by others of the work being done by the Indiana Deafblind Services Project.

Section V
Project Problems and Solutions

Throughout the four year project period, there were certain components with identifiable problems. When project activities and the proposed evaluation measures from the initial grant were reviewed, the majority of project objectives were met and activities were conducted across the four year period of the grant. However, as previously mentioned, the components listed below experienced continuing problems related to their impact.

Component One: Identification and Tracking of Infants, Toddlers, Children and Youth with Deafblindness

Over the four years of the project, there were two main problems with the Identification and Tracking component. First, the census numbers continued to reflect either a drop in the number of students reported as deafblind to the project by the public schools or a drop in the number of deafblind students reported as deafblind to the state, even though they were reported separately to the project. This reflected a "glitch" that was inherent in the computerized system and continued to be a problem throughout the project period. When the school districts reported students to the Division of Special Education, they were unable to report them under any category not listed in their IEP as a result of the case conference procedure. For example, a student may have had documented vision and hearing impairments in addition to other disabilities. However, the case conference committee decided to report the student as multidisabled. Those children who might otherwise have been qualified for services from the deafblind project were not reported through that system because, under their IEP, they were to be reported in a different category (e.g. multidisabled). Second, there were certain areas of the state where students were consistently underreported. This may have been due to the ruralness of the areas or, in some cases, a high Amish population.

Several steps were taken to address these problems and extend the census count to underrepresented areas. Prior to the December 1 child count activities, project staff conducted a

teleconference with state department personnel regarding the reporting categories and IEP issues. This conference provided verification that schools could report the students to the project separately if they felt there was a problem with reporting them as deafblind to the CODA system. There also was some discussion about how to approach reporting the student as deafblind on the IEP so that they could be accurately reported through the CODA system. Following this teleconference, a newsletter was released to the project's 1100 readers (including public school and community agency personnel) with a detailed explanation of who was eligible for the deafblind census. It also included reporting procedures, what deafblindness included, a chart with examples of eligibility, and the benefits of reporting a student to the Indiana Deafblind Services Project. In addition, when the census information was sent out, another option was offered to those persons reporting through the CODA project. In the letter from the Division of Special Education, the instructions indicated that if the student was eligible for deafblind services, but that was not yet indicated on their IEP, the school district should continue to report students as they had in the past for reimbursement. The districts were then asked to report students separately to the deafblind project. The final step taken was to further awareness with a letter and brochures explaining the census, reporting procedures, what deafblindness included, and the benefits of reporting a student to the Indiana Deafblind Census which was sent to all of the public schools and community agencies in Indiana prior to the December 1 child counts. Other awareness and census mailings were made to all Indiana teachers of the visually impaired and the First Steps Early Interventionists and Single Point of Entry Personnel. During the four year period, project staff also answered reporting and eligibility questions via phone with some 115 public school and community agency personnel. These steps alleviated some of the reporting difficulties and increased awareness about both the census and the Indiana Deafblind Services Project. In particular, it was noted that the public schools responded to the new procedures by reporting students separately to the project when they were not able to do so through the CODA system.

A major change in Component One during the project period was the fact that the project was no longer mandated by the federal government to maintain a census of deafblind children. However, due to the concerns raised by the disparity in numbers of the current federal child count for children with deaf blindness, as reported by the Deafblind Projects, and those children identified by the SEA's in their report to Congress, the project elected to continue to collect this data. The National Deafblind Project census reported nearly 11,000 children and youth with deafblindness, while the SEA count listed approximately 1,400, as most of the children were traditionally reported under other categories such as mental retardation and multiple disability. While the new regulations were designed to get the SEA's to report children with deafblindness appropriately, we believed that the deafblind projects would have a more accurate count and first hand knowledge of the children and their needs. The information gained on Indiana children with deafblindness and their families through census activities was proven invaluable in planning and implementing project activities.

Component Two: Technical Assistance

Over the course of the four year grant, although Indiana's technical assistance process seemed to work well; however, despite identifying needs, using action plans, and conducting follow-up, the consistent problem was how to measure the long term impact on the student who was the subject

of the technical assistance. Recommendations from the onsite review included checking for commonalities across the different types of technical assistance to begin to more closely document the process and using the information for a more formal formative evaluation and replication. In addition, project staff were encouraged to continue to produce products such as videotapes of trainings, etc. to accommodate for changes in the teams at different technical assistance sites and for use as resources for others. In addition, during the four year period there was a recognition that onsite individual technical assistance was not the most effective means of affecting student change. More emphasis was needed on inservice training, particularly of teams, with follow-up activities. This change was implemented during the last three years of the grant with assistance from state-funded projects.

Component Five: Parent/Family Network

While the project was responsive to the needs of Indiana families, it was primarily on an individual basis. Over the project period there were difficulties in coordinating group family activities. This was a major concern for project staff during the onsite review and several good recommendations were made by the reviewers. Some recommendations which were implemented included: seeking parent participation in other training activities; developing stronger linkages with the National Family Association for Deaf-Blind; using more informal sites for family weekends; and, sponsoring one day, regional meetings for families.

Component Six: Transition

Even though considerable work was done in this area, employment and housing options for persons who are deafblind continued to be a major concern for families and service providers. This was addressed through identification of issues and solutions specific to employment and housing by a focus group (discussed below) and through new grant activities.

Component Seven: Collaboration

Indiana's part C, early intervention program approved only two developmental assessments and curricula to be used. The INSITE Curriculum was not one of them. Although the project conducted INSITE training in one region of the state, there was no support from the part C project to complete the planned trainings in the two other regions. By the end of the grant period, there still was not enough support to complete the INSITE training.

The lack of support for the continued INSITE training prompted project staff to reevaluate the previously identified needs for Indiana stakeholders. In February of 1999, a meeting of 60 Indiana stakeholders, representing service providers, families, consumers, and administrators, identified a list of important topic areas for training and technical assistance. As staff reviewed the progress of the project over the four year period, most of these areas were consistent with the goals identified and activities conducted during the project. In addition, these topic areas were used to identify future goals for collaborative training projects.

Section VI
Implications for Policy, Practice, and Research

Over the project period, the implementation of this project was broadened by searching out other funding sources. In particular, state education dollars and part C training dollars were used to provide at least three major inservice training activities which would not have been possible without that support. These training activities improved services for deafblind children and youth across all age ranges in all areas of the state. This has several implications: 1) how can successful collaborative strategies be shared with other states; 2) how to successfully continue the collaborative process; and 3) how to continue collaboration as a policy.

During the course of this project, two training projects were conducted as our own "model demonstration projects." These projects were based on project staffs' knowledge that one-time training activities yield little long-term impact on students and service providers, but little other research. However, both the BEN's and PHASES projects were very successful. This indicates that there is a need for further research to support these types of training projects, as well as developing strategies for replication.

A number of recommendations for future federal support through OSEP were developed at the NASDE focus group (Educating Children and Youth Who are Deaf-Blind: Review of Issues and Directions for Federal Support) in July, 1998. Both from the experience of the project and the project director's participation in the focus group, it is recommended that OSEP continue to support the recommendations generated from members of the field at that meeting.

Section VII
Budget

The final budget report was prepared and forwarded under separate cover by the grants and contracts office at Indiana State University. For further information regarding this portion of the final report contact Mark Green, Grant, Contract and Loan Administrator, Office of the Controller, Indiana State University, Terre Haute, IN 47809.